



## Families Together Programme (FTP) Referral – Sandwell

**Before completing this referral please ensure that you have referred to the Guidance Notes**

**PDF Document**

Please ensure that all fields of this form are completed – otherwise, the referral shall be declined

REFERRING OFFICER DETAILS	
Full Name	
Service / Agency	
Contact Details – Telephone Number & Work Mobile, E-Mail Address & Postal Address	
CLIENT DETAILS	
Full Name	
E-Mail Address (to issue our support details)	
Postal Address & Post Code	
Telephone Number(s)	
Ethnicity	
First Language – if English is unspoken then both interpreter & venue booking will be requested	
Age & DOB	
Any known Disabilities	
Any known Risk Factors e.g is this person a perpetrator of DA	
Any Alcohol / Substance Misuse issues	
Any Current / Previous Criminal convictions	



PARTNERS DETAILS	
Full Name	
E-Mail Address (to issue our support details)	
Postal Address & Post Code	
Telephone Number(s)	
Ethnicity	
First Language – if English is unspoken then both interpreter & venue booking will be requested	
Age & DOB	
Any known Disabilities	
Any known Risk Factors e.g is this person a perpetrator of DA	
Any Alcohol / Substance Misuse issues	
Any Current / Previous Criminal convictions	
CHILD/REN'S DETAILS	
Name(s)	
Age(s) / DOB(s)	
School / Nursery Details	
Relationship (e.g. step-children)	

**REASON FOR MAKING REFERRAL? Please detail why you are making this referral, e.g. any incidents, relationship break-down, reason for social services intervention with family etc.**

1. What domestic abuse or conflict has happened between the parents, including date/s of incident/s?
  
  
  
  
  
  
  
  
  
  
2. Has there been any strangulation between the parents?
  
  
  
  
  
  
  
  
  
  
3. What was the impact on both parents and children?
  
  
  
  
  
  
  
  
  
  
4. Are the child/ren subject to a CIN or CP plan and is this related to the concerns of domestic abuse?
  
  
  
  
  
  
  
  
  
  
5. If there are any drug/alcohol concerns then is there support in place to manage this?
  
  
  
  
  
  
  
  
  
  
6. Is either parent receiving support from another agency?
  
  
  
  
  
  
  
  
  
  
7. What is the current safety plan?
  
  
  
  
  
  
  
  
  
  
8. Was a DASH completed as part of your risk assessment, if yes, scoring and outcome of this please?



9. Any other information to enable support to be considered?

**PREFERRED TIMES OF ENGAGEMENT (e.g. any working commitments of parents)**

Please place an 'X' next to the clients preference from the options below:

Men's group - 12-week programme & Women's group - 10-week programme

- Evening Group (6.30pm-8.30pm) - Any Man Can
- Day-time Group (10.00am-12.00pm) - Women's Toolkit
- Three 1-2-1 - includes basic DA awareness and sign-posting (These sessions may be arranged face-to-face or via MS Teams virtual sessions)

This referral will not be accepted unless both parents have wet signed/verbally agreed to the referral

**CONSENT OF PARENT(S) to engage with Family Action and to allow Family Action staff to make contact with them soon after referral to our service.**

Client's Full Name	
Signature	
Partner's Full Name	
Signature	
Date	

\*\*\* End of Referral Form \*\*\*

Please return the completed referral form to email address:  
[famielstogethersandwell@family-action.org.uk](mailto:famielstogethersandwell@family-action.org.uk)